| •        | PART B - FEE(S) TRANSMITTAL   |  |   |   |              |  |   |   |  |  |
|----------|---|--|---|---|--------------|--|---|---|--|--|
| <u> </u> | Complete and send this form, together with applicable fee(s), to: Mail  or Fax  |  |   |   | Fav          | Mail Stop ISSUE FEE<br>Commissioner for Patents<br>P.O. Box 1450<br>Alexandria, Virginia 22313-1450<br>(703) 746-4000  |   |   |  |  |
| S)       | INSTRUCTIONS This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All barther correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. |  |   |   |              |  |   |   |  |  |
|          | CURRENT CORRESPONDENCE  22045 7   |  | -   | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanyin papers. Each additional paper, such as an assignment or formal drawing, mushave its own certificate of mailing or transmission.  |              |  |   |   |  |  |
|          | BROOKS KUSHMAN P.C.<br>1000 TOWN CENTER<br>TWENTY-SECOND FLOOR<br>SOUTHFIELD, MI 48075  |  |   |   |              | Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the States Postal Service with sufficient postage for first class mail in an eaddressed to the Mail Stop ISSUE FEE address above, or being fatransmitted to the USPTO (703) 746-4000, on the date indicated below. |   |   |  |  |
| 4/       | 11/2005 DEMMANU2 0000   | 0110 10040845  |   |   | James A. Kus |  |   |   |  |  |
|          | FC:2501<br>FC:1504  | Apr  |   | April 6, 2  |              | (Signature) (Date)   |   |   |  |  |
|          | APPLICATION NO.   | FILING DATE  | FIRST NAMED INVEN   |   | TOR          | ATTORNEY D   | OCKET NO.   | CONFIRMATION NO.                                  |  |  |
| ,        | 10/040,845  | 01/07/2002   | Chung-Kun Liu   |   |              |  | SAIS 01:  | 50 PUS  | 2777   |  |
|          | TITLE OF INVENTION: POWER SWITCH DEVICE UTILIZING PHONE LOOP SIGNALS TO CONTROL SUPPLY OF ELECTRICAL INSTRUMENT   |  |   |   |              |  |   |   |  |  |
|          | APPLN. TYPE   | SMALL ENTITY   | ISSUE FI  |   | PI           | JBLICATION FEE   | TOTAL FEI   |   | DATE DUE   |  |
|          | nonprovisional  | YES  | \$700   |   |              | \$300  | \$10  | 00  | 05/31/2005   |  |
|          | EXAMINER  |  | ART UNIT  |   | C            | LASS-SUBCLASS  | ]   |   |  |  |
|          | BRINEY III, WALTER F  |  | 2644  |   |              | 379-395010   |   |   |  |  |
|          | I. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.   |  |   | 2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. |              |  |   |   |  |  |
|          | 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)   |  |   |   |              |  |   |   |  |  |
|          | PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.   |  |   |   |              |  |   |   |  |  |
|          | (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)   |  |   |   |              |  |   |   |  |  |
|          | Please check the appropriate assignee category or categories (will not be printed on the patent):   |  |   |   |              |  |   |   |  |  |
|          | XX Issue Fee XX A check in  |  |   |   | in the ar    | the amount of the fee(s) is enclosed. \$1,000.00 credit card. Form PTO-2038 is attached.   |   |   |  |  |
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|          | Deposit Account Number (enclose an extra copy of this form).  5. Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).   |  |   |   |              |  |   |   |  |  |
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|          | Authorized Signature Gancole Kuslim   |  |   |   | _            | Date Ap.   | ril 6, 20   | 005   |  |  |
|          | Typed or printed name James A. Kushman  |  |   |   | _            | Registration   | No. 25,6  | 34  |  |  |
|          | This collection of information and application. Confidential submitting the completed a   | on is required by 37 CFR 1.3 ity is governed by 35 U.S.C pplication form to the USPT | 11. The informatio<br>. 122 and 37 CFR<br>O. Time will vary | n is required<br>1.14. This co<br>depending u   | to obtain    | n or retain a benefit by t<br>is estimated to take 12<br>individual case, Any co   | he public which<br>minutes to com-<br>mments on the | n is to file (ar<br>plete, includi<br>amount of t | nd by the USPTO to process) ng gathering, preparing, and ime you require to complete |  |

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